



**BRAD LITTLE**  
Governor  
**RUSSELL BARRON**  
Administrator

State of Idaho  
Division Of Occupational and Professional Licenses  
Board of Pharmacy

11341 W Chinden Blvd.  
P.O. Box 83720  
Boise, ID 83720-0063  
(208) 334-3233 • [dopl.idaho.gov](http://dopl.idaho.gov)

**INSTRUCTIONS TO COMPLETE A  
EXPERIENTIAL HOURS CERTIFICATION REQUEST FOR STUDENT  
PHARMACIST**

**Step 1:**

1. Complete the fields in the section of the document below titled 'To Be Completed by Student Pharmacist', **If there are any incomplete fields in that section, the request will not be processed.**
2. Address of Recipient – Include full address. If the Experiential Hours Certification form can be emailed to the recipient, enter the recipient's email address on the last line of the physical address section.
3. Email a copy of the completed form to: [bop-info@dopl.idaho.gov](mailto:bop-info@dopl.idaho.gov).

**Step 2:**

The Board Licensing Staff will review the form submitted, if complete, an email response will be sent to the Student Pharmacist instructing them to sign into their eGov account and pay the associated Experiential Hours Transfer fee – the fee amount can be found by referencing Idaho Code and Rules, found on our website.

**Step 3:**

1. The Student Pharmacist must notify Licensing Staff via email once the fee has been paid so we can process the Hours Certification.
2. Upon verification of payment, Licensing Staff will mail or email the Experiential Hours Certification to the recipient indicated.



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**EXPERIENCIAL HOURS CERTIFICATION FOR IDAHO  
STUDENT PHARMACIST**

**THIS SECTION TO BE COMPLETED BY STUDENT PHARMACIST:**

**Address of Recipient:**

This is to certify that a search of the available records of the Idaho State Board of Pharmacy indicates the following:

**IDAHO STUDENT PHARMACIST NAME**

DATE OF BIRTH:

REGISTRATION#:

**THIS SECTION TO BE COMPLETED BY BOARD OFFICE STAFF ONLY:**

**EXTERN HOURS**

IPPE HOURS:

EMPLOYER CERTIFIED:

APPE HOURS:

TOTAL:

REGISTRATION ISSUE DATE:

REGISTRATION STATUS:

REGISTRATION EXPIRATION DATE:

DISCIPLINARY ACTION:

Idaho State Board of Pharmacy Licensing Staff  
Title: Licensing Specialist  
Date Completed:

BOARD  
SEAL